# Combining Forces: Joining Urologists and Medical/Radiation Oncologists to Optimize Treatment for Advanced Prostate Cancer

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The long-overdue addition of chemotherapy to the list of treatments available for prostate cancer has provided an entirely new perspective on the overall management of this prevalent disease. A consistent rate of therapeutic benefit has been reported with docetaxel alone or in combination with other cytotoxic agents in Phase II trials. Phase III trials of these regimens are currently in progress and may demonstrate a survival advantage over symptomatic treatment with mitoxantrone plus prednisone, in patients with hormone-refractory disease. Many of these data are illustrated herein and they make a strong case for prostate cancer's chemosensitivity. In addition to the patient benefit provided by the introduction of a new treatment modality, new opportunities for research have emerged. The findings from these trials provide the rationale for the exploration of new, docetaxel-based combinations and other therapeutic options.

Articles in this supplement discuss the accumulating data on various regimens. These include docetaxel in combination with angiogenesis inhibitors such as thalidomide, that interfere with the intracellular signal transduction pathways of various growth factors, including epidermal growth factor, platelet-derived growth factor, and nuclear factors. Antisense compounds that inhibit expression of the

antiapoptotic protein bcL-2 are also a major focus of research discussed here. Other preliminary data, derived from laboratory experiments, suggest a possible synergy between docetaxel and calcitriol. These findings have generated sufficient impetus for the initiation of an ongoing, large-scale clinical trial comparing the efficacy of single-agent docetaxel to the combination of docetaxel and a new concentrated formulation of calcitriol, DN-101.

Over the past five years there has been a marked increase in the number of patients enrolled in clinical trials, and an increased number of trials involving these new therapeutic approaches for prostate cancer. The introduction of active, non-hormonal, cytotoxic chemotherapy has led to exploratory studies evaluating the feasibility, safety, and preliminary efficacy of this modality in the adjuvant setting and in early stages of the disease. The evolving data on neoadjuvant treatment and combined chemoradiation for patients with locally advanced disease is also discussed in this supplement, along with recently activated studies in the post-surgical adjuvant setting and in patients with biochemically relapsed disease (both in hormone-naïve and androgen-deprived patients).

Despite the steady increase in funding for cancer research over the last decade, there is always the need for additional support. One of the most active supporters of peer-reviewed prostate cancer research is CaP CURE, an organization founded in 1993, which has substantially contributed to awareness, among clinicians and funding institutions, of new and potentially important avenues for investigation. Among its various accomplishments, CaP CURE has created a clinical therapy consortium, which focuses on early translational research in prostate cancer.

In summary, this supplement provides the reader with a broad view of the multidisciplinary efforts currently in progress in prostate cancer research and treatment. It is hoped that this work will result in a tangible benefit to patients in the near future. ■